# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

P.O. Box 12070

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to compl	lete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIF Claudia	RST	MI	OFFICE U	JSE ONLY
NAME	NICKNAME LA		<b>L</b> 	Date Received	
	Ordaz			1/15/2015 3:	22:14 PM
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE	#; CITY;	STATE; ZIP CODE		
MAILING ADDRESS	PO Box 71738 El Paso, Texas 7991	7		Date Hand-delivered or F	Postmarked
change of address				Receipt #	Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NU (915 ) 92990		EXTENSION	Date Processed	
6 CAMPAIGN TREASURER		RST	MI	Date Imaged	
NAME	Mrs Maria				
	Ramos	S			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	street address (NO PO BOX PLEAS 16003 Homestead El Paso, Texas 7992		CITY; STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NU (915) 34649		EXTENSION		
9 REPORT TYPE	January 15 30th	day before election	Runoff	15th day after contraction treasurer appoin (officeholder only)	
	July 15 8th	day before election	Exceeded \$500 limit	Final report (Attac	h C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day	Year	
	07/10/2014		12/31/2014	4	
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE Primary	Runoff	General [	<b>✓</b> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	/n)	
	City Representative,	District 6	City Represent	ative, District 6	
		GO TO PAG	E 2		

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

44.0/011.114.45					
14 C/OH NAME	la-			15 ACCOUN	IT # (Ethics Commission Filers)
Ms Claudia L Ord	az				
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	HOLDER. THESE EXPENDITURE	DIDATE'S OR OI	AL COMMITTEES TO SUPPORT THE FFICEHOLDER'S KNOWLEDGE OR NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDDESS			
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TR	EASURER NAME		
additional pages					
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS		
17 CONTRIBUTION TOTALS			ONS OF \$50 OR LESS (OTHER THA ITEES OF LOANS), UNLESS ITEMIZ		0
		POLITICAL CONTRIB THAN PLEDGES, LOANS	BUTIONS S, OR GUARANTEES OF LOANS)	\$	4950
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITUR	ES OF \$100 OR LESS, UNLESS ITEN	MIZED \$	1497.35
	4. TOTAL	POLITICAL EXPENDI	TURES	\$	15886.76
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIC ORTING PERIOD	ONS MAINTAINED AS OF THE LAST I	DAY \$	5954.07
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF AY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF PERIOD	THE \$	0
18 AFFIDAVIT					
10 74 1 157,011			I swear, or affirm, under penalty o is true and correct and includes al me under Title 15, Election Code.		. ,
			*** Electron	ically Certifie	ed ***
			Signature of Car	ndidate or Of	ficeholder
AFFIX NOTARY STAM		C	Naudia Ordaz		
Sworn to and subs	scribed before	me, by the said $\_$	naudia Oluaz 		, this the
day	of January	, 20 15	, to certify which, witness i	my hand	and seal of office.
	Syl	via Martinez			
Signature of officer admi	inistering oath	Printed name of	officer administering oath	Title of	officer administering oath

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME Claudia L. C	Ordaz		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
	Alice London	,	contribution (\$)	description (if applicable)
07/10/2014	6 Contributor address; City; State; Zip Code 3701 Bee Caves Road #200, Austin	, Texas	100	
	78746		()	
O Deire de et e e e e		40 [	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	<b>10</b> Employer (See	instructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Alfredo Longoria		contribution (\$)	description (if applicable)
07/16/2014	Contributor address; City; State; Zip Code		200	
07/10/2014	1404 Loct Padro Mino, El Pago, Toy	vac 70002	200	
	1404 Lost Padre Mine, El Paso, Tex	as 19902		' 
			(If travel outside of	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	•	or rexue, complete concude 1/
			·	
Date	Full name of contributor  uut-of-state PAC (ID#:_	)	Amount of	In-kind contribution
Date	Georgina Panahi	,	contribution (\$)	description (if applicable)
07/16/2014	Contributor address; City; State; Zip Code		100	
0171072011	305 Purple Hills Way, El Paso, Texa	ıs 79912	100	
			(If traval outside	of Toyon, complete Schodule T)
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
T Tillolpai occup	valion / Job tille (Gee manuchons)	Employer (Gee I	manuchona)	
Date	Full name of contributor uut-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Charles McGuire		contribution (\$)	description (if applicable)
07/00/004 4	Contributor address; City; State; Zip Code			
07/26/2014	708 Londonderry, El Paso, Texas 79	9907	50	
	700 Londonderry, Err aso, Texas 73	9901		' 
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		, , ,
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of	In-kind contribution
Date	Robert Hoy	)	contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
07/14/2014		70022	1000	
	201 Villa Serena Ct, El Paso, Texas	1 3344		' 
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		, ,

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME Claudia L. C	Ordaz		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
. 24.0	out of state 17to (IB#.	)	contribution (\$)	description (if applicable)
	John Verlander			 
07/16/2014	6 Contributor address; City; State; Zip Code	200	500	 
	4710 Rosinante, El Paso, Texas 799	922		I
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor	)	Amount of	In-kind contribution
		,	contribution (\$)	description (if applicable)
	Robert Hoy			
12/27/2014	Contributor address; City; State; Zip Code		500	
12/21/2011	201 Villa Serena Ct, El Paso, Texas	79922	300	
	Zor villa ociona ot, Err aso, rexas	7 7 5 5 2 2		I
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	nstructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of	In-kind contribution
	TREPAC/Texas Association of Real	tors PAC	contribution (\$)	description (if applicable)
				' 
11/11/2014	Contributor address; City; State; Zip Code		2000	I I
	PO Box 2246, Austin, Texas 78768			
Dringing occur	action / Joh title (See Instructions)	Employer (See )		of Texas, complete Schedule T)
Fillicipal occup	pation / Job title (See Instructions)	Employer (See	mstructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:_	)	Amount of	In-kind contribution
24.0	<b>_</b> ` _	,	contribution (\$)	description (if applicable)
	William Armstrong			expenses for election
07/19/2014	Contributor address; City; State; Zip Code		500	night party
	1368 Silver Gate Place		300	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	nstructions)	
				l
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
			(4)	, , , , , , , , , , , , , , , , , , , ,
	Contributor address; City; State; Zip Code			
			(If travel outside	I of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	

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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

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P.O. Box 12070

Revised 09/28/2011

#### SCHEDULE B PLEDGED CONTRIBUTIONS Total pages Schedule B: The Instruction Guide explains how to complete this form. 0 2 FILER NAME ACCOUNT # (Ethics Commission Filers) Claudia L. Ordaz TOTAL OF UNITEMIZED PLEDGES: $\Rightarrow$ $\Rightarrow$ $\Rightarrow$ $\Rightarrow$ Amount of Date In-kind description **6** Full name of pledgor ■ out-of-state PAC (ID#: pledge (\$) (if applicable) Pledgor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Full name of pledgor Amount of In-kind description Date ut-of-state PAC (ID#:\_ (if applicable) pledge (\$) Pledgor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor Amount of In-kind description out-of-state PAC (ID#:\_ pledge (\$) (if applicable) City; State; Zip Code Pledgor address: (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of pledgor ut-of-state PAC (ID#:\_ Amount of In-kind description (if applicable) pledge (\$) Pledgor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind description Full name of pledgor out-of-state PAC (ID#: (if applicable) pledge (\$) City; State; Zip Code Pledgor address; (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	LOANS				SCHEDULE E
	The	Instruction Guide explains how to comple	ete this form.	1 Total pa	ges Schedule E:
2	FILER NAME			3 ACCOU	NT # (Ethics Commission Filers)
С	laudia L. Orda	az			
4	TOTA	L OF UNITEMIZED LOANS:		⇒	\$
5	Date of loan	7 Name of lender	out-of-state PAC (ID#:	)	9 Loan Amount (\$)
6	Is lender a financial Institution?	8 Lender address; City; State; Z	Zip Code		10 Interest rate
					<b>11</b> Maturity date
12	Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)		
14	Description of Coll	ateral	15 Check if personal funds were	deposited	into political account
16	GUARANTOR INFORMATION	17 Name of guarantor			<b>19</b> Amount Guaranteed (\$)
	not applicable	<b>18</b> Guarantor address; City; S	State; Zip Code		
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	,	
	Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
	Is lender a financial Institution?	Lender address; City; State; Z	Zip Code		Interest rate
	institution?				Maturity date
	Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
	Description of Colla	ateral	Check if personal funds were	deposited	into political account
	none				
	GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	not applicable	Guarantor address; City; S	State; Zip Code		
	Principal Occupat	ion (See Instructions)	Employer (See Instructions)		
	If len	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr	S OF THIS SCHEDULE AS NEE		quirements.

#### SCHEDULE F

. 020/12	EXI ENDITORE			CONEDUEL I	
	EXPENDITUR	E CATEGORIES F	OR BOX 8(a	a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Con Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re	ing Expense ct ntal Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME	de explains now to co	Jilipiete tilis i	3 ACCOUNT # (Ethics Commission Filer	
6	Claudia L. Ordaz			3 //CCCONT # (Ethics Commission File)	
4 Date	5 Payee name				
07/14/2014	STRDM				
6 Amount (\$) 500	602 Upson, El Paso, Te				
8 PURPOSE OF	(a) Category (See categories listed at the t	top of this schedule)	(b) Description	n (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Other		Graphic Design, Printing Costs		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder nam OH	е	Office soug	ght Office held	
Date	Payee name				
07/14/2014	STRDM				
Amount (\$)	Payee address; City; S	State; Zip Code			
670	602 Upson, El Paso, Te	exas 79902			
PURPOSE	Category (See categories listed at the t	op of this schedule)	Description	n (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising				

expenditure to benefit C/OH

Date

Complete  $\underline{\mathsf{ONLY}}$  if direct

Candidate / Officeholder name

Office sought

Office held

Date	Payee name		
07/12/2014	Juan Garcia		
Amount (\$)	Payee address; City; State; Zip Code		
270	608 Francis, El Paso, Texas 79905		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outsid	e of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name PH	Office sought	Office held
Date	Payee name		

City; State; Zip Code

270

608 Francis, El Paso, Texas 79905

PURPOSE

Category (See categories listed at the top of this schedule)

Nicole Drury

Payee address;

of Contract Labor

Description (If travel outside of Texas, complete Schedule T)

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

07/12/2014

Amount (\$)

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

P.O. Box 12070

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

	the mention canal explains non-to-		
1 Total pages Schedule F:	2 FILER NAME Claudia L. Ordaz		3 ACCOUNT # (Ethics Commission Filers)
4 Date			
4 Date 07/12/2014	5 Payee name		
	Angel Ramirez		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
150	454 Coldridge, El Paso, Texas		
3 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor		
• Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
07/12/2014	Cristian Martinez		
Amount (\$)	Payee address; City; State; Zip Code		
000	12615 Kari Anne		
200			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
OF	Contract Labor	. ,	
EXPENDITURE	Candidate / Officeholder name	Office cought	Office held
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office field
Date	Payee name		
07/15/2014	Leonardo Lugo		
Amount (\$)	Payee address; City; State; Zip Code		
500	641Casa Grande, El Paso, Texas 79	907	
500			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
OF	Contract Labor		
EXPENDITURE		0""	000
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
07/17/2014	Go Direct Mailing Services		
Amount (\$)	Payee address; City; State; Zip Code		
1902	8400 Boeing, El Paso, Texas 79925		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Other	Mail process	ing
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	FDFD
	AT INCHADDITIONAL COLLECCIONIO	JULIEUTE AU INC.	

## SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guid	E CATEGORIES  Salaries/Wages/C  Solicitation/Fundra  Travel In District  Travel Out Of Dis  Office Overhead/f  e explains how to	ontract Labor Laising Expense Contract  trict Rental Expense Contract	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) n.
1 Total pages Schedule F:	2 FILER NAME Claudia L. Ordaz			3 ACCOUNT # (Ethics Commission Filers
4 Date 07/17/2014	5 Payee name Angel Ramirez			
6 Amount (\$) 171	7 Payee address; City; S 454 Coldridge, El Paso,	tate; Zip Code <b>Texas</b>		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to Contract Labor	op of this schedule)	(b) Description (I	If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	<b>9</b>	Office sought	Office held
Date 07/18/2014 Amount (\$) 114.23	Payee name Academy Sports & Outo Payee address; City; S 201 S. Americas Avenu	tate; Zip Code	X 79907	
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description (I	If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	9	Office sought	Office held
Date 07/22/2014	Payee name The Forma Group, LLC			
Amount (\$) 2667.67	•	tate; Zip Code SO, Texas 799	901	
PURPOSE OF	Category (See categories listed at the to	op of this schedule)		If travel outside of Texas, complete Schedule T)
EXPENDITURE	Other			esign, Consulting
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	e	Office sought	Office held
Date 07/22/2014	Payee name All Print			
Amount (\$) 3132	Payee address; City; S 7230 Gateway Blvd	tate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description (I	f travel outside of Texas, complete Schedule T)  Literature
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name	9	Office sought	Office held
	ATTACH ADDITIONAL (	COPIES OF THIS	SCHEDULE AS N	IEEDED

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P.O. Box 12070

## SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/G Legal Services Solicitation/Fundi Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead, The Instruction Guide explains how to	raising Expense strict (Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) orm.
1 Total pages Schedule F:	2 FILER NAME Claudia L. Ordaz		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
07/22/2014	Juan Garcia		
6 Amount (\$) 477	7 Payee address; City; State; Zip Code 608 Francis, El Paso, Texas 79905		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor		
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sough	ht Office held
Date	Payee name		
07/22/2014	Nicole Drury		
Amount (\$)	Payee address; City; State; Zip Code		
450	608 Francis, El Paso, Texas 79905		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sough	nt Office held
Date	Payee name		
07/23/2014	Dora Rodriguez		
Amount (\$) 780	Payee address; City; State; Zip Code 1404 Monte Negro, El Paso, Texas	79936	
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Contract Labor		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sough	ht Office held
Date	Payee name		
07/24/2014	Cristian Martinez		
Amount (\$) 270	Payee address; City; State; Zip Code 12615 Kari Anne, El Paso, Texas		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Contract Labor	Description	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name /OH	Office sough	nt Office held
		Office sough	nt Office held

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**PURPOSE** OF EXPENDITURE

Complete  $\underline{\mathsf{ONLY}}$  if direct

Description (If travel outside of Texas, complete Schedule T)

Office sought

Office held

#### **POLITICAL EXPENDITURES**

P.O. Box 12070

# SCHEDULE F

Advertising Expense	EXPENDITURE CATEG	` '	oan Repayment/Reimbursement
Accounting/Banking Consulting Expense Event Expense Fees	Legal ServicesSolicitation/Fundraising ExpenseTranFood/Beverage ExpenseTravel In DistrictContPolling ExpenseTravel Out Of DistrictC		Fransportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee DTHER (enter a category not listed above)
	The Instruction Guide explains	how to complete this form	n.
1 Total pages Schedule F:	<sup>2</sup> FILER NAME Claudia L. Ordaz		3 ACCOUNT # (Ethics Commission Filers)
4 Date 07/22/2014	5 Payee name Leonardo Lugo		
6 Amount (\$) 400	7 Payee address; City; State; Zip 0 641Casa Grande, El Paso, Tex		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sched	dule) <b>(b)</b> Description (l	f travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 07/30/2014 Amount (\$) 276	Payee name  Taylor Cortinas  Payee address; City; State; Zip 0  1662 Janet Coles Lane, El Pase		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched	dule) Description (I	f travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 09/03/2014 Amount (\$) 260	Payee name  Celeste Varela  Payee address; City; State; Zip C  2818 Lebanon, El Paso, Texas		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched	dule) Description (I	f travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 12/08/2014	Payee name Adrianne Riley Photography		
Amount (\$)	Payee address; City; State; Zip G 921 Via Descanso, El Paso, Te		

Candidate / Officeholder name expenditure to benefit C/OH

Advertising

Category (See categories listed at the top of this schedule)

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# SCHEDULE F

	EXPENDITURE CATEGOR	` '	•	
Advertising Expense	·	jes/Contract Labor undraising Expense	Loan Repayment/Reimbursement	F
Accounting/Banking Consulting Expense	Legal Services Solicitation/F Food/Beverage Expense Travel In Dis	0 1	Transportation Equipment & Related E	Expense
Event Expense	Polling Expense Travel Out C		Contributions/Donations Made By Candidate/Officeholder/Political C	ommittee
Fees	•	ead/Rental Expense	OTHER (enter a category not listed a	above)
	The Instruction Guide explains ho	w to complete this fo	orm.	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commiss	sion Filers)
6	Claudia L. Ordaz			
4 Date	5 Payee name			
12/14/2014	STRDM			
6 Amount (\$)	7 Payee address; City; State; Zip Cod	е		
400	602 Upson, El Paso, Texas 79902	2		
180				
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule	T)
OF	Other	Graphic D	•	,
EXPENDITURE	Other	Graphic D	<del></del>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	ht Office held	<b>I</b>
Date	Payee name			
12/18/2014	Go Direct Mailing Services			
Amount (\$)	Payee address; City; State; Zip Coo	le		
004.50	8400 Boeing, El Paso, Texas 799	25		
881.56				
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule	T)
OF EXPENDITURE	Other	Mail Proce	essing	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	ht Office held	l
Date	Payee name			
08/18/2014	James Montoya			
Amount (\$)	Payee address; City; State; Zip Cod	е		
275	3601 Colville, Horizon, Texas 799	28		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule	T)
OF EXPENDITURE	Contract Labor			
	Candidate / Officeholder name	Office sough	ht Office held	
Complete ONLY if direct expenditure to benefit C/C		Office sough	nt Office heid	
Date	Payee name			
12/15/2014	The Forma Group, LLC			
Amount (\$)	Payee address; City; State; Zip Cod			
000 0	301 San Antonio, El Paso, Texas	79901		
290.3				
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule	T)
OF	Printing Expense			
EXPENDITURE	I mung Expense			
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sough	ht Office held	
	ATTACH ADDITIONAL COPIES OF T		NEEDED	

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## **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

P.O. Box 12070

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

	The Instruction Guide explains now to d	complete this form.
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
0	Claudia L. Ordaz	
<b>4</b> Date	5 Payee name	
6 Amount (\$)  Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

## PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE H

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Office Overhead/Rental Expense OTHER (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule H:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
0	Claudia L. Ordaz		
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Code		
γ πιισαιιτ (ψ)	Page day of the control of the contr		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE			
EXPENDITURE			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	)H		
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
Amount (\$)	Business address, City, State, Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
OF		. ,	
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	PH		
Date	Business name		
Date	Busiliess Harrie		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
OF		(	· · · · · · · · · · · · · · · · · · ·
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	)H		
5.	During a series		
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
DUDDOOF	Category (See categories listed at the top of this schedule)	Description (If tree	val autoide of Tayon, complete Schodule T)
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	H	•	
	ATTAOLIABBITIONAL CODITO CTTT	001150111 = 404:	2000
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	טבט

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE I

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense

Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
0	Claudia L. Ordaz	
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED

# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

# SCHEDULE K

т.			
• • • • • • • • • • • • • • • • • • • •	he Instruction Guide explains how to complete this form.	1 Total pages Scheo	dule K: 0
2 FILER NAM Claudia L.		3 ACCOUNT # (Eth	ics Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code		
	7 Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
Date	Purpose for which amount is received  Name of person from whom amount is received		Amount (\$)
Date			

#### P.O. Box 12070 IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: 0 The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME Claudia L. Ordaz 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E Schedule H PAC-C Schedule N COH-UC СОН-Т 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule F Schedule D Schedule G PAC-E Schedule H Schedule N COH-UC СОН-Т PAC-C Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E Schedule H Schedule N COH-UC СОН-Т Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# **CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT**

P.O. Box 12070

FORM C/OH - FR

	The Instruction Guide explains how to c •• Complete only if "Report Type" on page 1 is	
C/OF	H NAME	2 ACCOUNT # (Ethics Commission Filers
Ms	Claudia L Ordaz	
SIGI	NATURE	
repor	not expect any further political contributions or political expenditures in connect as a final report terminates my campaign treasurer appointment. I also undeake any campaign expenditures without a campaign treasurer appointment on	erstand that I may not accept any campaign contributions
		Signature of Candidate / Officeholder
	ER WHO IS NOT AN OFFICEHOLDER omplete A & B below <i>only</i> if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Ch	eck only one:	
	I do not have unexpended contributions or unexpended interest or incom	e earned from political contributions.
	I have unexpended contributions or unexpended interest or income earner not convert unexpended political contributions or unexpended interest or use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political con report. Further, I understand that I must dispose of unexpended political earned on political contributions in accordance with the requirements of E	income earned on political contributions to personal contributions and that I may not retain unexpended atributions longer than six years after filing this final all contributions and unexpended interest or income
В.	ASSETS	
Ch	eck only one:	
	I do not retain assets purchased with political contributions or interest or	other income from political contributions.
	I do retain assets purchased with political contributions or interest or other I may not convert assets purchased with political contributions or interest o use. I also understand that I must dispose of assets purchased with politic of Election Code, § 254.204.	or other income from political contributions to personal
		Signature of Candidate
	FICEHOLDER omplete this section only if you are an officeholder ••	
	omplete this section <i>only</i> if you are an officeholder ••	tributions if, after filing the last required report as an litical contributions, or assets purchased with political
•• Co	I am aware that I remain subject to filing requirements applicable to an office I am also aware that I will be required to file reports of unexpended cont officeholder, I retain political contributions, interest or other income from political contributions.	tributions if, after filing the last required report as an